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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 017400006		CITY OR TO	WN CARVER	
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	JDS SPIRITS, INC				
DOING BUSINESS A	A CARVER SQUA	RE WINE & SPIRI	TS		
ADDRESS MAIN ST	REET, BLDG. #3				
CITY/TOWN: CAR	VER	STATE: MA	ZIP CODI	E: 02330	
	PMAN, TYF THAN	PE OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
F	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	EMAIL ADDRESS		<u> </u>
DESCRIPTION OF I					
BLDG. # 3, APPROX ADDITIONAL LOCA 1 EXIT AT REAR, 1	ATED IN BASEME	NT UNDER DEM	ISED PREMISES	; 1 FRONT ENT	
I hereby certify and sv	wear under penalties	of perjury that:			
1. the renewe	ed license will be of	the same type for th	ne same premises	now licensed;	
2. the license	e has complied with	all laws of the Con	nmonwealth relat	ing to taxes; and	
3. the premis	es are now open for	business (If not exp	olain below)		
SIGNED BY					
	Individual, Partner	or Authorized Cor	oorate Officer		
D.A.TE					
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)		
			(Note: <u>No</u>	I marviduai Sociai	Security Number)
Please Check Below:			LOCAL LIC	ENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	in)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 017400007		CITY OR TOWN	CARVER
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME	: PREMIER ENOTE	CA		
DOING BUSINESS	S A JAMIE'S FINE W	TINE & SPIRITS		
ADDRESS 100 NO	RTH MAIN STREET			
CITY/TOWN: CA	RVER	STATE: MA	ZIP CODE:	02330
MANAGER: PAN M.	NGIONE, GINA TYP	E OF LICENSE: Pa	ckage Store C	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	ES:		
USED AS PACKAG	FOF ONE FLOOR RE GE STORE W/ STORA NTS OF EGRESS - ON	AGE FOR INVEN	ΓORY, LOTTERY S	ALES AND
	swear under penalties			
•	wed license will be of the		e same premises now	licensed;
2. the licens	see has complied with	all laws of the Com	monwealth relating to	o taxes; and
3. the prem	ises are now open for b	ousiness (If not exp	lain below)	
SIGNED BY				
	Individual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Inc	lividual Social Security Number)
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:			•	
(If disapproved expl	lain)		-	
DATE:				
DITTU.				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 017400008	CITY OR TOWN CARVER
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: DJC, INC	
DOING BUSINESS A CARVER MAIN STREET LIQUO	DRS
ADDRESS 90 N. MAIN ST	
CITY/TOWN: CARVER STATE: M	IA ZIP CODE: 02330
MANAGER: KEANE, DENNIS TYPE OF LICENSE K.	:Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
2400 SQ FT WITH FRONT ENTRANCE ON ROUTE 58 REAR DOOR AND NO CELLAR	BACK ROOM FOR STORAGE WITH
 the renewed license will be of the same type for the licensee has complied with all laws of the C the premises are now open for business (If not example) 	ommonwealth relating to taxes; and
SIGNED BY Individual, Partner or Authorized C	orporate Officer
DATE	
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)
Please Check Below: APPROVED:	LOCAL LICENSING AUTHORITY
DISAPPROVED:	By:
(If disapproved explain)	
	<u> </u>
DATE:	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 017400010	(CITY OR TOWN CA	RVER
APPLICATION FOR RENEWAL:	Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: RAVI & MINI IN	IC.		
DOING BUSINESS A DAVE'S CONV	ENIENCE AND LIQUO	ORS	
ADDRESS 239 TREMONT ST SO CA	RVER		
CITY/TOWN: CARVER	STATE: MA	ZIP CODE: 02	366
MANAGER: PATEL, RAJESHRI TY N.	PE OF LICENSE: Pack	age Store CATEO	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PREM	ISES:		
TWO FLOORS, RESIDENTIAL UPSTACELLAR FOR STORAGE. ENTRANC			ROOM AND
2. the licensee has complied wit 3. the premises are now open for		_	es; and
SIGNED BY Individual, Partne	er or Authorized Corpor	ate Officer	
DATE: TELEPHO	NE NUMBER:		NTIFICATION NUMBER: al Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING By:	AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	017400013	•	CITY OR TO	OWN CARVER	
APPLICATION FOR	RENEWAL:	Annual	Ll	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	TIKI KYE, INC.				
DOING BUSINESS A	A TIKI KYE RES	TAURANT			
ADDRESS MONTEL	LO STREET				
CITY/TOWN: CAR	VER	STATE: MA	ZIP COD	E: 02330	
MANAGER: YIP, J MAN	UDY HOI T	YPE OF LICENSE: Rest	aurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF L	ICENSED PREM	IISES:			
RESTAURANT, GRO	OUND LEVEL W	O STREET, 6,000 SQ. F. TITH DINING ROOM, I MAIN ENTRANCE, RI	LOUNGE, FU	NCTIO N ROOM	Л,
I hereby certify and sv	vear under penalti	es of perjury that:			
1. the renewe	d license will be o	of the same type for the s	ame premises	now licensed;	
2. the licensee	e has complied wi	th all laws of the Commo	onwealth rela	ting to taxes; and	
3. the premise	es are now open for	or business (If not explai	n below)		
SIGNED BY	Individual, Partn	er or Authorized Corpor	ate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPL	OYER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NO	<u>OT</u> Individual Social S	Security Number)
Acts of 2004, signed	by the building i	re in possession (1) the inspector and the head of liquor liability insur-	of the fire de	partment for the	above
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explai	n)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	17400020		CITY OR TO	WN CARVER	
APPLICATION FOR R	RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	Emma-Will LLC				
DOING BUSINESS A	Cornerstone's				
ADDRESS 96 NORTH	MAIN ST				
CITY/TOWN: CARV	ER	STATE: MA	ZIP CODI	E: 02330	
MANAGER: King, T	racey A TYP	PE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMIS	SES:			
UNIT 9 IN STRIP MA					
SEATING FOR 44. BA	R SEATING 14,K	ATCHEN IN BAC	K. PUBLIC ENT	RANCE AND E.	XII
I hereby certify and swe	ear under nenalties	of periury that:			
•	•	the same type for the	ne same premises	now licensed:	
		all laws of the Con	•		
	•	business (If not exp		ing to taxes, and	
3. the premises	are now open for	business (II not exp	main ociow)		
SIGNED BY	Individual Dortner	or Authorized Cor	norata Officar		
	narviduai, Fartilei	of Authorized Corp	porate Officer		
DATE					
DATE:	TELEPHON!	E NUMBER:		OYER IDENTIFICAT	
			(Note: <u>NO</u>	T Individual Social S	Security Number)
We the undersigned,					
Acts of 2004, signed be named license and (2)					
of 2010.	the certificate of	inquot inability in	arunce required	z by chapter 110	9 01 110 11015
Please Check Below:			LOCALLIC	ENSING AUTH	ORITY
APPROVED:			By:	LINGING MOTH	ORT I
DISAPPROVED:			J		
(If disapproved explain)				
DATE:					
			-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 017400033	(CITY OR TOWN CARVER	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 201	13
	CLASS	Y	YEAR
LICENSEE NAME: P & JV OF WE	EYMOUTH INC.		
DOING BUSINESS A Mamma Mia's	s of Carver		
ADDRESS 73 MAIN STREET			
CITY/TOWN: CARVER	STATE: MA	ZIP CODE: 02330	
MANAGER: VISCARIELLO, SALVATORE	TYPE OF LICENSE: Resta	aurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PRE	MISES:		
ONE FLOOR RESTAURANT WITH ACCESSIBLE; SEATS 80;2000 SQ. I			ГІО
I hereby certify and swear under penal	lties of perjury that:		
1. the renewed license will be	e of the same type for the s	ame premises now licensed;	
2. the licensee has complied	with all laws of the Commo	onwealth relating to taxes; and	
3. the premises are now open	for business (If not explain	n below)	
SIGNED BY			
Individual, Par	tner or Authorized Corpora	ate Officer	
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICATION	
		(Note: <u>NOT</u> Individual Social Sec	curity Number)
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.	g inspector and the head	of the fire department for the a	above
Please Check Below:		LOCAL LICENSING AUTHO	RITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 017400034		CITY OR TOWN	N CARVER	
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 66 MAII	A STEPPING STO		L		
CITY/TOWN: CAI		STATE: MA	ZIP CODE:	02330	
				CATEGORY:	A11 A111
MANAGER: BRA		PE OF LICENSE: R	estaurant	CATEGORI:	All Alconol
EMAIL ADDRESS:	PLEASE ALSO VISIT OUR W	VEDEVEE AND ENTED VOLUM	EMAIL ADDRESS		
DESCRIPTION OF			EMAIL ADDRESS		
ONE FLOOR 1300 S CLOSETS, TWO BA	SQ. FT. RESTAURA	ANT WITH DININ			
2. the licens	red license will be of ee has complied with ses are now open for	n all laws of the Cor	nmonwealth relating		
SIGNED BY	Individual, Partne	r or Authorized Cor	porate Officer		
DATE:	TELEPHON	NE NUMBER:		ER IDENTIFICAT	
We the undersigne Acts of 2004, signed named license and of 2010.	d by the building in	spector and the he	ad of the fire depar	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 01	1/400035		CITY OR TOWN CAL	XVEK
APPLICATION FOR RI	ENEWAL:	Annual	LICENSED I	FOR 2013
		CLASS		YEAR
LICENSEE NAME: SO	OUTH MAIN MA	NAGEMENT COR	P.	
DOING BUSINESS A	LITTLE RED SM	OKEHOUSE		
ADDRESS 145 SOUTH	MAIN STREET			
CITY/TOWN: CARVE	ER	STATE: MA	ZIP CODE: 023	330
MANAGER: VOGEL CHRIST	TYP:	E OF LICENSE: Re	staurant CATEC	GORY: All Alcohol
EMAIL ADDRESS:				
PLEA	ASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LIC	ENSED PREMIS	ES:		
40X30 RESTAURANT AND MALE AND FEM		_	FT WITHFRONT AND R S	EAR DOORS
I hereby certify and swea	ar under penalties	of perjury that:		
•	•	1 5 5	same premises now licens	sed;
		* *	monwealth relating to taxe	
	•	business (If not expl	ě	,
	1	` 1	,	
SIGNED BY				
	ndividual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER IDEN	TIFICATION NUMBER:
			(Note: NOT Individual	l Social Security Number)
Acts of 2004, signed by	the building ins	pector and the hea	e certificate required by d of the fire department trance required by Chap	for the above
Please Check Below:			LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVED:			·	
(If disapproved explain)				
D.A.TIE				
DATE:				